

**FILED OCT 16 1946**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**809 Huntington Road**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no.** (Specify whether)  
In this community **36 years**  
years, months or days

3. (a) PRINT FULL NAME **Victor Hugo Loth**

3. (b) If veteran, name war **Spanish-American** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Lillian Loth** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **December 16, 1868**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days     | If less than one day         |
|---------|-----------|-----------|----------|------------------------------|
|         | <b>78</b> | <b>77</b> | <b>9</b> | <b>18</b> hr. <b>17</b> min. |

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business **X**

12. Name **Adolph Loth**

13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Popper**

15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillian P. Loth,**

(b) Address **809 Huntington Road, K. C., Mo.**

17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof **10-7-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **10-5-46** (Date received local registrar) (b) **Seraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **809 Huntington Road**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **3**  
year **1946** hour **1:20** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on \_\_\_\_\_ date and hour stated above.  
Immediate cause of death **Reputedly Coronary Arteriosclerosis**

**Cardiac Tamponade**  
Due to **Pericardium**  
Due to **Rupture of heart**  
Other conditions (Include pregnancy within 3 months of death) **Coronary Arteriosclerosis**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **See About 93**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Specify type of injury)  
23. Signature **A.E. Walker** (M.D.)  
Address **2800 Main St** Date signed **10/7/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Robert H Reed* .....

Licensed Embalmer No. *3745* .....

P. O. Address..... *N.C. Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. ....  
Local Registrar's No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of October, 1946, before me appears Mrs. Lillian P. Loth, who, upon her oath, states that the original record of <sup>birth</sup> ~~death~~ for Victor Hugo Loth died October 3, 1946, in the State of Missouri, and which was filed at Kansas City, Mo. on 10-3- 1946, should be corrected as follows:

Item No. 7 should read December 16, 1871

Instead of December 16, 1868

Item No. 8 should read 74-9-17

Instead of 77-9-17

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information (and belief).

(SEAL)

Lillian P. Loth Wife  
Affiant Relationship.

809 Huntington Road, Kansas City, Mo.  
Present Address.

Subscribed and sworn to before me this 16th day of October, 1946.

My Commission expires My Commission Expires May 15, 1947 Robert G. Stephens Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

33656